Alzheimer Society
SIMCOE COUNTY

First Link® Premier lien

20 Anne Street South, PO Box 1414, Barrie, ON L4M 5R4
Tel: 705 722 1066 Fax: 705 722 9392
Alzheimer.ca/en/simcoecounty

-REFERRAL FORM-

***Date of Referral:**

***Person with Dementia Name (probable or diagnosed):**
(First name, Last name)

Diagnosis: (please specify)	Date of Diagnosis: Under Investigation:
Date of Birth (mm/dd/yy):	***Address:**
Telephone Number:	
Can a voicemail message be left: Yes No	E-mail Address:

Preferred Language of Choice for Service: English French Other:

****If Care Partner is the person being referred or is the primary contact, please fill out this section****

***Care Partner Name**: (First name, Last name)	Relationship to above:
Date of Birth (mm/dd/yy):	***Address:** Same as above Other, please specify
***Telephone Number:**	
Can a voicemail message be left: Yes No	E-mail Address:

Preferred Language of Choice for Service: English French Other:

Referral Source Name & Agency:	Address: Phone: Fax: E-mail:

***I have received consent to refer:** Yes No	Please only include OHIP of referred person(s):
***I am referring:** Person with Dementia Care Partner Both	**Care Partner OHIP:**
***Please contact:** Person with Dementia Care Partner Both	**Person w/dementia OHIP:**

***Programs & Services Referring to:**

Navigation/Support
- First Link® Care Navigation (newly diagnosed)
- Supportive Counselling
- Care Partner Support Group
- Enhancing Care Program (CARERS/TEACH) skills based group therapy

Self-Management/Education Programs
- Person Living w/Dementia Learning Series
- Care Partner Learning Series

Social/Recreation
- Minds in Motion®
- In-Home Recreation

Information Package Only

***Primary Reason(s) for referral:**

Known Risks: Yes No **If yes,** please select all that apply:

Family dynamics	Infectious diseases	Infestation/squalor	Pets	Physical environment
Recent hospitalizations	Responsive behaviours	smoking	Weapons	
Other:				

Please ensure to provide **full name, address and phone number** for the primary contact.